PTO/SB/06 (08-05)

Approved for use through 7/31/2008, OMB 0651-003
U.S. Palent and Tradement Otico; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unders it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD tion or Docket Number Substitute for Form PTO-875 768482 CLAIMS AS FILED - PART I OTHER THAN (Cotumei 1) (Cohama 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA RATE FEE BASIC FEE RATE FER (37 CFR 1,16(e)) i<u>395</u> 790 OR TOTAL CLASUS (37 CFR 1.16(d) mbrus 20 x :<u>25</u> . x :50 . OR INDEPENDENT CLAIMS (37 CFR).16(b)) minus 3 -× 1/00 x s<u>200</u> s CR AULTIPLE DEPENDENT CLAM PRESENT (37 CFR 1.16(d)) +:180 . OR +1360. " If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II 3.20.06 OTHER THAN (Column 1) (Column 2) (Cotump S) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PREVIOUSLY PRESENT RATE EN NE MONAL RATE AFTER AMENDMENT ADDI-TIOHAL PAID FOR FEE FEE Total (J) CFR 1.MgcB Mirace 20 x 1.25 . x 350 **OR** x 100 × 1 200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASH (ST CFR 1,16(3)) + 180 = .360. OR TOTAL 08/14/06 TOTAL ADD'L FEE OR ADD'L FEE (Cotumn 2) (Cotumn 3) CIADAC HIGHEST REMAINING PRÉSENT RATE ADDI-ENT RATE PREVIOUSLY PAID FOR ADD\$ AFTER EXTRA TIONAL TIONAL. AMENDMENT FEE Total 20 (17 CFR 1.16pg) x 125 x 1.50 = OR ŏ x : 100 . x 1,200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.18(d)) += 180 = + <u>.360</u> -**O**R TOTAL TOTAL 0 ADD'L FEE ADD'L FEE OR (Cotumn 1) (Column 2) (Column 3) CLAIMS HIGHEST NUMBER PREVIOUSLY () REMAINING PRESENT ADDI-TIONAL RATE ENT AFTER AMENDMENT RATE ADDI-TIONAL EXTRA PAID FOR FEE Total O7 CFR 1,18(4) 20 x 1<u>45</u> x: 50 . OR Independent G7 SFR LUGS x,100 • x 1 200. OR first presentation of multiple dependent claim (17 CFR 1.1840) + 1180= + :360: G TOTAL TOTAL

ADD'L FEE OR ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "righest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".

*** If the "Righest Number Previously Paid For" in THIS SPACE is less than 3, enter "2".

The "Righest Number Previously Paid For" (I close or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1,16. The information is sequired to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Condident align is governed by 35 U.S.C. 122 and 37 CFR 1,14. This ecolection is assimpted to take 12 minutes to complete, including garneting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commands on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.